

Type of Inspection

New ☐
 Annual ☒
 Follow-Up _____
 (Prev. Inspection Date)
 Complaint ☐
 Courtesy ☐
 Random ☐

NCDA&CS, VETERINARY DIVISION
 1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030
 PHONE: 919/733-7601, FAX: 919/733-2277

INDOOR ☒
 OUTDOOR ☐
 BOTH ☐

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35 29 29 4 W: 80 74 74 6
 QBSP Number - - - - -

BUSINESS NAME: PETS MART #410 LICENSE #: 10469
 OWNER: _____
 ADDRESS: 8116 UNIVERSITY CITY BLVD CHARLOTTE
 TELEPHONE: (704) 599-3989 VMO HUNTER COUNTY MECK
 TYPE FACILITY: Animal Shelter ☐ Boarding Kennel ☒ Dealer ☐ Pet Shop ☐ Public Auction ☐
 Number of Primary Enclosures 8 Animals Present: Dogs _____ Cats _____

Inspector: Mark "X" in box, if adequate. Circle item number, if inadequate. Use NA if not applicable

STRUCTUREHousing Facilities

- ☒ 1. Structure & Repair
☒ 2. Ventilation & Temp.
☒ 3. Lighting
☒ 4. Ceiling, Wall, Floors
☒ 5. Storage
☒ 6. Water Drainage

Primary Enclosures

- ☒ 7. Structure & Repair
☒ 8. Space
☒ 9. Ventilation & Temp.
☒ 10. Adequate Shelter

SANITATION

- ☒ 11. Waste Disposal
☒ 12. Odor
☒ 13. Ceiling, Wall, Floors
☒ 14. Primary Enclosures
☒ 15. Equipment & Supplies
☒ 16. Washrooms, Sinks, Basins
☒ 17. Insect/Vermin Control
☒ 18. Building & Grounds

HUSBANDRY

- ☒ 19. Adequate Feed/Water
☒ 20. Food Storage
☒ 21. Personnel
☒ 22. Animals' Appearance

SPECIAL ITEMSRecords

- ☐ 23. Description of Animals
☒ 24. Records/Vet Treatment
☒ 25. Origin/Disposition
☒ 26. Signature (boarding kennel)

Transportation

- ☒ 27. Care in Transit Discussed

Veterinary Care

- ☒ 28. Isolation Facility
☒ 29. No Signs of Illness/
 Treated

Item Number	Explanation of Inadequacy (circled items above) And Recommendation For Compliance	Date Corrections Must Be Completed
<u>(23)-(25)</u>	<u>PAPER WORK IS GREATLY IMPROVED HOWEVER THERE WERE SEVERAL INTAKE FORMS THAT WERE MISSING INFORMATION OR MISSING FROM FILES.</u>	
	<u>- PLEASE FILL OUT INTAKE FORMS COMPLETELY</u>	
	<u>- EACH ANIMAL NEEDS TO HAVE ITS OWN INTAKE FORM</u>	
	<u>- ATTACH INTAKE/ORIGIN PAPERWORK TO DISPOSITION PAPER WORK</u>	

☒ APPROVED

☐ DISAPPROVED

Date: AUG 8, 2008 Time: 12:16

Veterinarian: _____

Telephone: () - _____

Sherry Swain
 Inspector's Signature

Christy McDaniel
 Owner/Authorized Agent's Signature